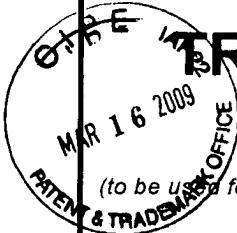


Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.



TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	10/044,463
Filing Date	January 10, 2002
First Named Inventor	Davide R. Grassetti
Group Art Unit	1617
Examiner Name	Shengjun Wang
Total Number of Pages in This Submission	Attorney Docket Number 107-000110US

ENCLOSURES (check all that apply)

Fee Transmittal Form
 Fee Attached
 Amendment / Response
 After Final
 Affidavits/declaration(s)
 Extension of Time Request
 Express Abandonment Request
 Information Disclosure Statement
 Certified Copy of Priority Document(s)
 Response to Missing Parts/ Incomplete Application
 Response to Missing Parts under 37 CFR 1.52 or 1.53

Assignment Papers (for an Application)
 Drawing(s)
 Licensing-related Papers
 Petition Routing Slip (PTO/SB/69) and Accompanying Petition
 Petition to Convert to a Provisional Application
 Power of Attorney, Revocation Change of Correspondence Address
 Terminal Disclaimer
 Small Entity Statement
 Request for Refund

After Allowance Communication to Group
 Appeal Communication to Board of Appeals and Interferences
 Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
 Proprietary Information
 Status Letter
 Additional Enclosure(s) (please identify below):

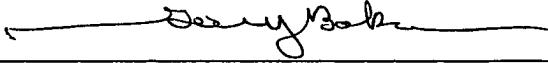
receipt acknowledgment postcard

Authorization to Charge Deposit Account

Please charge Deposit Account No. 50-0893 for any additional fees associated with this paper or during the pendency of this application, including any extensions of time for consideration of the documents enclosed.

Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Gary Baker, Reg. No. 41,595, Quine Intellectual Property Law Group P.C.
Signature	
Date	March 11, 2009

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, DC 20231 on this date: _____

Typed or printed name

Evelyn Gomez

Signature

Date

3/11/09

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

Effective on 12/08/2004.

Pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEES TRANSMITTAL
 For FY 2009

 Applicant claims small entity status. See 37 CFR 1.27

AMOUNT OF PAYMENT

(\$)

335.00

Complete if Known

Application Number	10/044,463
Filing Date	January 10, 2002
First Named Inventor	Davide R. Grassetti
Examiner Name	Shengjun Wang
Art Unit	1617
Attorney Docket No.	107-000110US

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): Deposit Account
 Deposit Account Deposit Account Number: 50-0893 Deposit Account Name: Quine Intellectual Property Law Group, P.C.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee
 Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	330	165	540	270	220	110	
Design	220	110	100	50	140	70	
Plant	220	110	330	165	170	85	
Reissue	330	165	540	270	650	325	
Provisional	220	110	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues) 52 26Each independent claim over 3 (including Reissues) 220 110Multiple dependent claims 390 195

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
- 20 or HP =	x	=				

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)		
- 3 or HP =	x	=			

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x	=	

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): _____

Other: Notice of appeal _____ 270Other: Request for extension of time _____ 65

Other: _____

Other: _____

Other: _____

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	41,595	Telephone	500 769-3570
Name (Print/Type)	Gary Baker			Date	3/11/09